

# **CITY OF ALBUQUERQUE LAND USE FACILITATION PROGRAM PROJECT MEETING REPORT**

**Project #: 1008049**

**Property Description/Address:**

**Date Submitted:**

**Submitted By:** Kathleen Oweegon

**Meeting Date/Time:** February 23, 2010

**Meeting Location:** Arroyo del Oso Golf Club Banquet Room

**Facilitator:** Kathleen Oweegon

**Co-facilitator:** Diane Grover

## **Parties:**

- **Applicant/Agent**
  - o **La Familia**
    - **Bev Nomberg – CEO**
    - **David Sorenson –**
    - **Tupper Dunbar**
    - **Charlie Grote – Staff Member**
    - **Lisa Gomme – Staff Member**
- **Neighborhood Associations/Interested Parties**
  - o No Neighborhood Assoc. for this area
  - o Attendees list at end of this report

## **Background/Meeting Summary:**

Relationships between La Familia Deaf Group Home (“DGH”) and the surrounding neighbors have been strained for a couple of years. Per the 1/11/10 decision of Zoning Hearing Examiner, Roberto Albertorio, we are now embarking on a series of meetings, possibly to include mediations, to work together to co-create a better and more collaborative relationship between the neighbors and the administration and residents of La Familia.

The topics of primary concern to the neighbors are (not listed in order of priority):

- ♦ **Safety Issues** – both for the DGH residents and for the neighborhood residents
- ♦ **Well-being of the DGH residents**
- ♦ **Communication between Neighbors & DGH** (both directions)
- ♦ **Adherence with Zoning Regulations**
- ♦ **DGH follow-through on commitments**
- ♦ **Staff Driving & Parking**
- ♦ **DGH integration into community/neighborhood**

At the beginning of the meeting, during their presentation of how the DGH operates, the La Familia representatives spoke briefly about the neighbors’ concerns around Safety Issues and Communication. Later, we discussed Safety Issues, Adherence with Zoning Regulations, and the

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well-being of the DGH Residents more in depth. Clarifications were provided and needs expressed (see meeting details below). We did not have time to discuss the other concerns listed. The group agreed that we would first hear everyone's thoughts on each of the topics, get as many needs identified as possible, then we would decide on the forum for negotiation, and begin the negotiation process. We have scheduled a second facilitated meeting for Tuesday, March 23<sup>rd</sup>, 6:30-8:30 at the same location – Arroyo Del Oso Golf Club Banquet Room. We will continue to discuss the remaining topics of concern at that time.

#### **Outcome:**

- ♦ We have scheduled a second facilitated meeting for Tuesday, March 23<sup>rd</sup>, 6:30-8:30 at the same location – Arroyo Del Oso Golf Club Banquet Room.
- ♦ We will continue to discuss the remaining topics of concern at that time.
- ♦ Future meetings and/or mediation sessions will be scheduled as needed.

#### **Meeting Specifics:**

- I. Applicant's Presentation (Beverly Nomberg, CEO; David Sorenson, Clinical Director; Tupper Dunbar, Program Manager)
  - A. Tupper has been the program manager since July, although he has done contract work for La Familia, Inc. ("LF, Inc") for much longer.
  - B. David has contracted with the DGH since its inception.
  - C. LF, Inc. is a 501(c)3 non-profit that has 65 staff members throughout all of its programs.
    1. The DGH is only one of the programs.
  - D. LF, Inc. is licensed and certified by State to provide services for Medicaid eligible kids who meet the poverty standard, and are having medical problems and issues that need to be addressed.
  - E. LF, Inc. programs serve severely emotionally disturbed kids, mostly in custody of CYFD.
    1. Program for international adoptions.
    2. Program for at-risk teens.
    3. Equine therapy program;
    4. Community services;
    5. Functional family therapy and other programs.
    6. Around since 1987.
  - F. Started DGH because was need for group home for teens who needed to learn how to live in community with specialized needs.
  - G. All are deaf and almost all staff is deaf.
    1. Try to help kids learn how to live in the community and communicate with everyone.
      - (a) Communication is key problem for deaf kids,
        - i. most born in families that are hearing families,
        - ii. some ill-equipped to handle the needs of a deaf child
  - H. When the DGH opened, there was also a program at Desert Hills Residential treatment center – has since closed.
  - I. This is the only program of its kind in NM – one of 3 or 4 W of Mississippi.

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- J. Licensed for up to 8 kids, but the most usually have is 6.
  - 1. Kids come and go
    - (a) Teach independent living and getting jobs.
    - (b) The object is for them to move on and be integrated.
- K. Have received the list of concerns from the facilitator
  - 1. We are here mostly to listen. David will talk about clinical issues; Tupper daily activities.
- II. Neighborhood concerns and discussion points
  - A. **Communication**
    - 1. Communication between DGH and community residents has not been effective. DGH apologizes and wants improved interaction
      - (a) DGH said that 7 yrs ago and recognizes they've obviously made mistakes – want to learn and move forward.
    - 2. DGH has had good relationships with some families in this neighborhood
      - (a) Would like more interaction and trust with community and to earn the trust
    - 3. DGH holds monthly staff meetings where problems are addressed - including those brought up by the neighbors - and remedies reiterated. Parking is a pet peeve of the Program Director (Tupper), and is a topic of discussion in staff meetings.
      - (a) “Call me directly at any time, day or night – open door policy on phone.”
    - 4. Phone number at facility is for videophone. Phone will relay message to interpreter.
    - 5. Neighbor questions how interaction should work between group homes and neighbors – do neighbors regulate?
      - (a) **FACILITATOR** suggests negotiation in future meetings about communication between DGH and community.
    - 6. DGH administrators are open to suggestions on developing more comfort between neighbors and DGH residents. Wants reciprocal openness and neighborly attitude
    - 7. Neighbor reported that one of female resident came to home and wanted to do yard work. She negotiated well for money – that was fine. Concerned DGH said they could work outside in the cul-de-sac; not in the immediate area
      - i. **DGH response** – We want to keep kids from bothering neighbors
      - ii. Neighbor who brought this up doesn't want kids feeling unwanted in area
      - iii. DGH (Lisa) – We didn't want you feeling obligated. I came in 3 years ago in 2006 – when I came in I felt no welcome – no waving – no acknowledgment – walked around with kids – no interaction. I advised they go outside neighborhood to work.
      - iv. DGH (Charlie) – I know most of you went to high school and tried to get work. Different story now – no real opportunities there anymore. Trying to teach teenagers; the kids would like to try to earn money helping neighbors, as long as you are OK with it. We want to comply with your wishes. We want to afford kids the opportunity to try.
      - v. **FACILITATOR** – sounds like another communication problem – people didn't understand what kids wanted to do – what neighbors wanted. Another opportunity to improve communication.

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8. Neighbor concerns on message to kids to “keep quiet”
  - (a) “It’s heartbreaking to hear that the kids are told to be quiet and don’t laugh”
  - (b) Sets up a bad dynamic with neighbors in the kid’s eyes.
  - (c) We need for DGH to take responsibility to integrate kids into the neighborhood
    - i. explain that we called police because we thought they were in danger – not that we were blaming the kids
  - (d) **DGH response** (Tupper): That’s a great point.
    - i. When I was consultant I saw the police tell kids those things
    - ii. We don’t talk to our kids that way.
    - iii. Kids have survival mechanisms and pick up on body language and there could be misconceptions.
      - o They have their conceptions and maybe have histories where neighbors may have expressed discontent
  - (e) FACILITATOR to neighbor– It sounds as though you are looking for communication mechanisms to communicate positive messages about neighbors and frame social norms and positive PR around neighbors’ needs.
  - (f) Neighbor concerned kids don’t feel comfortable laughing out loud – neighbors may call the police.
    - i. Do kids know from 4/08 to 11/09 all calls came from inside house.
      - o Want them to know this – neighbors aren’t making the calls
    - ii. **DGH response** (from Charlie – deaf Staff member)
      - o Worked for home for a long time
      - o in 2008 we were playing outside, went into the house to watch movie and doorbell rang.
        - There was a noise complaint – we had been outside laughing.
        - Police said there were strange noises and I was confused why that happened.
        - I am profoundly deaf and I can’t control the volume of my laughter and the same goes for some of the kids.

#### B. Safety Issues

1. Number of police calls – DGH is working to minimize these calls; have taken care of false alarms from alarm system. Some calls have been from concerned community.
  - (a) DGH wants to set up better system of communication.
  - (b) DGH will focus on training of staff to know when to call and when not.
  - (c) Can’t promise no calls – teenagers can sometimes be disruptive and need to be transported to mental health facility. At present, emergency responders must transport.
2. Neighbor states police respond by speeding down street at night
  - (a) Another neighbor witnessed 5 police cars, paramedic and fire truck came tearing around corner and wants this addressed with police
  - (b) **DGH response** (Tupper) – Officer David Griffin works with us – maybe he could address that with Police. Will ask permission to give his number to Facilitator. Facilitator will follow-up to see if Officer Griffin or another representative from local precinct can come to a future meeting to discuss speed at which responding officers drive through neighborhood.

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3. David reports 40-50 kids over past years in program.
  - (a) All are screened with interview process with kids and family;
    - i. Interview Drs. and psychologists
    - ii. Visual – look at kid and interact wherever they are, family, school, hospital etc;
    - iii. We get psychological reports, IEPs from schools.
    - iv. Evaluate whether kid is potential for program.
    - v. Guarantee- accept no sex offenders or active substance abusers
    - vi. No residents who have been adjudicated
4. Not halfway house
5. Kids ages 13-20 from various backgrounds
  - (a) Try to assist in their lives
  - (b) Most don't have families to go back to
  - (c) DGH assesses whether or not to take in kids with developmental disabilities (cognitive problems or mental retardation) on a case-by-case basis.
  - (d) Kids need to be somewhat self-sufficient.
  - (e) Try to take those that function well in community
  - (f) Have turned away significant amounts of people
  - (g) Facility is last resort for many people, but won't endanger staff or neighborhood or residents.
  - (h) Can't predict human behavior
  - (i) Deafness doesn't cause criminal activities.
6. Acknowledges that some wrong selection choices made – probably 3 or 4 different kids, two in May and October of this year causing many calls
7. Kids who are discharged to other facilities due to inappropriateness for DGH and community are given one additional chance to return to the DGH and try again.
  - (a) No second chance after that – usually they go out of state.
  - (b) Beverly – when we identify home is not right place to be, we are still obligated to find place to go – can't turn out on street.
    - i. Family rights may have been terminated;
    - ii. Parents dead or too old.
    - iii. We live and work in managed care environment
      - o Have to get approval for legal guardian and go to Opti-Health to get approval.
      - o Have to follow painful and time-consuming process.
  - (c) Once we have identified the need for different care, we do one-on-one staffing with the child (except during school) until their new placement is found.
8. Telling the difference between staff members and kids
  - (a) All staff have I.D. badges – should be with them at all times.
    - i. Most are deaf – write them a note and they can show you badge
  - (b) Confidentiality is absolute – cannot release names of residents
  - (c) Staff are only ones that drive – we have institutional van
  - (d) Staff takes defensive driving classes – are insured and have first aid kits in van

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9. Since activity happened with City, # of call outs have ceased.
  - (a) Did that change because City is involved?
10. **DGH Response:** We've had periods of 6 or 7 months with-only very rare call outs.
  - (a) May and last October we had spurts.
  - (b) May to mid October far fewer calls;
  - (c) Since early November no call-outs.
  - (d) Kids are running smoothly right now.
  - (e) Other agencies are not willing to accept our kids due to cost (hire interpreters – 16 hrs/day at \$30/hr).
    - i. Some that want to accept our kids aren't the best place for kids.
  - (f) Reason for no calls is current kids are well integrated;
    - i. We've also begun team-building exercises that may have made differences with kids getting along better.
11. Beverly: 2 things done after hearing
  - (a) disconnected smoke detector in kitchen – every time kids cooked smoke detector was turned off (all other smoke alarms in the house are active)
  - (b) we turned off sounder for alarm, so it doesn't disturb the neighbors (kids don't hear it anyway, and alarm still goes to City)
    - i. Strobe lights in the house warn the residents if the alarm goes off.
12. Tupper – I'd like to say call-outs have been reduced because I'm running program but don't think so.
  - (a) Our kids have made false alarms and we have now locked up videophones.
    - i. We also tell the kids they have rights, such as making police reports if they feel the need to do so
      - o Staff is offering a process to take kids downtown to file a report rather than let them call for police.
    - ii. We have relocated some disruptive kids that don't belong there.
13. This is not about the kids; about management of facility
14. Number of call outs - police and ambulances
  - (a) Neighbors know nothing about this and it concerns us.
  - (b) Don't understand level of care you are discussing.
  - (c) Don't grasp how they get to the facility – what environments do they come from.
  - (d) Concerned about time it takes to re-place them if they don't fit
15. **DGH Response:**
  - (a) They come from variety of environments
    - i. referred by CYFD;
    - ii. schools,
    - iii. within community
    - iv. from higher-risk places.
  - (b) DGH won't accept all
    - i. Scrutinize through paperwork and psychological assessment.
    - ii. Kids with emotional management issues or substance abuse are not permitted unless they complete a treatment program successfully.
  - (c) DGH is considered a step down from higher level of care.
    - i. If no longer danger to themselves or others we can take them back.

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- ii. One of the deficiencies is that they keep kids 2 or 3 days and assess no danger, and the child comes back and disrupts again.
  - o Those we need to get somewhere else.
  - o Some older that are developmentally delayed can go to group programs in ABQ for adults.
- (d) Our kids are seen monthly at least by one or two psychologists and can be medicated.
- 16. From neighbor who is nurse for over 20 years
  - (a) have worked all levels of care
  - (b) as a nurse concerned about protocols and medication.
    - i. Who is trained in event something becomes explosive – know there has been physical altercation.
    - ii. Are there protocols other than police intervention?
    - iii. Who administers medication?
    - iv. If person is completely out of control, how do you ensure they are taking medication?
      - o How is that taken care of?
  - (c) **DGH Response:** All staff are MARS (Medication Administration Records Sheet) trained
    - i. Our rule is “Don’t get between the kid and the door” - don’t put yourself at risk or kids. If they want to leave in anger, let them go.
      - o Don’t have physical restraints or padded rooms.
      - o Staff is good at de-escalation, stress management techniques.
        - We review these things constantly.
      - o All kids have Individual Crisis management.
    - ii. No kid can be there unless he can self-administer under supervision of staff.
      - o Kids take meds themselves.
      - o If injection needed, we’d have to call police and have them transported.
      - o We have pharmacist who comes out and audits our records.
- 17. Neighbor: Why don’t escalated kids go to higher level of care?
  - (a) **DGH response:** They do – but can be released in 2 days.
  - (b) Neighbor: That doesn’t take care of community needs
  - (c) **FACILITATOR** – Please think of what can be negotiated in the future to address these unmet needs.

#### C. **Well-being of the DGH Residents**

- 1. Staff is intensively trained on full variety of things and re-trained.
  - (a) Certified and licensed in various functions.
  - (b) Trained to distribute meds and do CPR
    - i. Tupper is Therapeutic Crisis Intervention (TCI) trainer.
  - (c) Staff is well educated.
- 2. Team leaders
  - (a) Lisa has Bachelors Degree in educational therapy, and is working on her Masters.
  - (b) Charlie has Bachelors in Social Work.
- 3. Most of staff is degreed or working towards a degree. Many can speak well – others communicate with notes.

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4. Tupper is proud of this program – was teacher and trainer in Charter School.
    - (a) Have DGH kids who have gone to college – gotten City jobs – great success stories.
  5. Neighbor had residents come and ask for food and money year before last
    - (a) **DGH response:** That resident is no longer with us. We tried to develop a program to find their interests – that resident wanted to do landscaping and asked if he could talk to neighbors about doing work for them. Asking for food and money should NOT have happened. I told them he could ask for work but not money or food.
      - i. Beverly – if our communication were better – we would certainly intervene.
      - ii. Tupper – In future – PLEASE call me.
  6. DGH is creating contributing citizens.
  7. Kids cannot easily be placed in foster care.
  8. Many DGH kids on sports teams; in equine therapy;
  9. DGH residents are taken to cultural events – interpretive play this weekend.
- D. **DGH integration community/neighborhood**
1. DGH: “We want them to feel comfortable in neighborhood and you to feel comfortable with them, and I promise we will work towards that.”
  2. Neighbor is newcomer – has never been invited by to get to know DGH staff or residents.
    - (a) **DGH response:** (Tupper): in Beverly’s defense, she has visited to homes in the past, and when we opened we did give out David’s number. I don’t like the way the neighbor relations have evolved and I’m looking forward to positive resolutions.
- E. **Adherence with Zoning Regulations**
1. Neighbor: Bought house 33 years ago
    - (a) didn’t expect any businesses (McDonalds, Church’s, etc).
      - i. Once neighborhood is compromised by allowing businesses, starts a process with neighborhood going downhill.
      - ii. No qualms with program
        - o probably do a great job for the kids
        - o but does not belong in single-family residence.
        - o Start with group home, then massage therapy out of homes and want special use permit
      - iii. City looks at all the businesses and allows more.
        - o Neighbor in Real estate states City looks at trends
      - iv. Also City requires reports being filed and being advised of changes – hearing was about cancelling license for non-compliance
    - (b) **DGH response:** ZHE has acknowledged receipt of all that was lacking.
      - i. We were late in one area but have since conformed.
      - ii. Zoned for CRP
        - o Designation was set up for group homes in residential communities.
          - Can’t have other group homes within 1000’ (I think) so we were limited in our choices.
          - This neighborhood was OK.
        - o When decision was made to close Los Lunas training school, decision was



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residents should be spread out throughout communities for normalization of life.

- So we have CRPs.
- Many CRPs for the elderly.
- Those programs are spread out.

iii. **FACILITATOR** – It sounds like your question is: Will this set a precedent? Other question might be if this moves, can another such facility take that spot. We can ask zoning this and try to get them here to address that question.

iv. **DGH: (Tupper):** Feels the same about businesses moving into neighborhood.

- I don't consider us a business
  - We are non-profit organization
- More like if family wanted to take in foster kid – but we have 3 foster kids.
- We want good neighborhood for these kids.

(c) Neighbor: Does owner live on the property

i. **DGH:** La Familia, Inc. owns.

#### F. **Miscellaneous neighbor questions and concerns**

1. Are all kids from NM?

(a) **DGH Response:** Now 50% from NM,

- i. One from VA
- ii. One from TX.
- iii. In past it's been all NM kids but we do take from other parts of country.

2. Do some of the kids go to school in Santa Fe?

(a) **DGH Response:** Right now to Del Norte

- i. Have had some attend the School for the Deaf in Santa Fe in the past
  - The school provided shuttle.

#### G. **Moving Forward**

1. **FACILITATOR** – do you want to move forward with another meeting like this to discuss the other topics, or negotiate what we have so far?

(a) Neighbor stated she wants to continue with another meeting to continue topics.

(b) DGH agreed.

(c) Group agreed to continue to use this venue and to continue to divide the \$20 per use fee equally between neighbors and DGH.

H. **Closing Remark:** Beverly – THANK YOU to everyone who is here. Deaf home is near and dear because we want to provide this service and be good neighbors. We've fallen down. The responsibility is ours – but we need to know how to do it. We want to do in better way.

III. **Next Steps:** A second facilitated meeting for Tuesday, March 23<sup>rd</sup>, 6:30-8:30 at the same location – Arroyo Del Oso Golf Club Banquet Room.

#### IV. **Action Plan:**

- a. We will continue to meet and discuss the remaining topics of concern until we are ready to negotiate resolution agreements.
- b. Future meetings and/or mediation sessions will be scheduled as needed.

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#### **V. Action Items:**

- Tupper will ask permission from Officer David Griffin to give his number to Facilitator. Facilitator will follow-up to see if Officer Griffin or another representative from local precinct can come to a future meeting to discuss speed at which responding officers drive through neighborhood.
- Facilitator will check with Zoning Dept., refer questions raised and see if a representative can attend meeting at some point in the future, when we have aired all the issues and concerns around zoning.

#### **VI. Facilitator Comment:**

All participants in this meeting were very cordial in their conversation, and many expressed gratitude for being offered the opportunity to meet and resolve their concerns.

#### **Application Hearing Details:**

Hearing is not scheduled at this time. Will be scheduled for sometime in January 2011.

#### **Comments:**

#### **Names of Attendees:**

- **Applicant/Agent**
  - o **La Familia**
    - Bev Nomberg – CEO
    - David Sorenson –
    - Tupper Dunbar
    - Charlie Grote – Staff Member
    - Lisa Gomme – Staff Member
- **Neighbors/Interested Parties**
  - o No Neighborhood Assoc. for this area
    - Nathan Gomme – CDHH
    - Carol Butler – Neighbor on Evangeline
    - Steve Nickerson – Neighbor on Evangeline
    - Michael & Ann Ebbers – Neighbor on Evangeline
    - Tom & Robin Cook – Neighbor on Evangeline
    - Alice Tyler – Neighbor on Evangeline
    - Sue Maes – Neighbor on Evangeline
    - Richard Hadad
    - Jean & Bob Lehr
    - Ed Wray
    - Sandra Burd